

TECHNICAL MANUSCRIPT REVIEW FORM*

Title/Draft No. PCB Exposure Estimation Tool, Version 2.0		Author(s) Linda Phillips	
Date Review Requested 5/16/19		Date Review Required 6/10/19	
Type of Publication/Audience		Project Officer/Organization/Address ORD/NCEA	
Review coordinator (e.g., PO, TIM, Supervisor) Linda Phillips		Reviewer/Organization/Address Peter Gimlin, OPPT/NPCD/FOB MC 7404T; Wash. DC 20460	

You are asked to review and comment on the attached spreadsheet (PCB Exposure Estimation Tool, Version 2.0). A document entitled: *Systematic Review for Updating the PCB Exposure Estimation Tool and the Exposure Levels for Evaluating PCBs in Indoor School Air* is also being provided as background information on the PCB Exposure Estimation Tool and ELEs, and the process used to update them. If you are unable to review the Tool by the required date above, please notify the Review Coordinator right away. Your suggestions for alternate or additional reviewers will be welcomed.

SUMMARY RATING	RECOMMENDATIONS																					
Please rate the manuscript as follows: <table style="width: 100%; margin-top: 5px;"> <tr> <th style="width: 35%;"></th> <th style="width: 30%; text-align: center;">Satisfactory</th> <th style="width: 35%; text-align: center;">Unsatisfactory</th> </tr> <tr> <td>Content and scope</td> <td style="text-align: center;">__X__</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Organization and presentation</td> <td style="text-align: center;">__X__</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Quality of data and validity of analytical techniques</td> <td style="text-align: center;">__X__</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Soundness of conclusions</td> <td style="text-align: center;">__X__</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Editorial quality</td> <td style="text-align: center;">__X__</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Satisfactory	Unsatisfactory	Content and scope	__X__	_____	Organization and presentation	__X__	_____	Quality of data and validity of analytical techniques	__X__	_____	Soundness of conclusions	__X__	_____	Editorial quality	__X__	_____	Other (specify)	_____	_____	<p><input checked="" type="checkbox"/> (1) Acceptable as is</p> <p><input type="checkbox"/> (2) Acceptable after minor revision</p> <p><input type="checkbox"/> (3) Acceptable after major revision</p> <p><input type="checkbox"/> (4) Not acceptable</p> <p>If you have checked either 3 or 4, please specifically state reason(s) in the comments space below.</p> <hr/> <p>Please indicate whether the Tool does or does not have policy implications.</p> <hr/> <p>Update is not expected to have policy implications, given that the ELE numbers remain largely unchanged.</p>
	Satisfactory	Unsatisfactory																				
Content and scope	__X__	_____																				
Organization and presentation	__X__	_____																				
Quality of data and validity of analytical techniques	__X__	_____																				
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Other (specify)	_____	_____																				

Comments: (Use extra sheets if needed.)

NOTES:

The signed review form should be returned to the Review Coordinator even if there are no comments.

Reviewer's name

6/10/19
 Date